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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	EDIE MRS. BUKEWIHGE					10.0 ==5::		
	(b) Address (number and street) P O Box 1625 PO BOX 1625	☐ Check if address changed			Candidate's FEC Identification Number P40002909			
	(c) City, State, and ZIP Code						lew	Amended
	Newport Beach	CA 92659				Statement X (I	N) OR	(A)
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	trict of Candidate		
	DEMOCRATIC PARTY	President	ial					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(a) Name of Committee (in full) BUKEWIHGE FOR PRESIDENT								
	(b) Address (number and street) PO BOX 1625							
	(c) City, State, and ZIP Code							
	NEWPORT BEACH				CA	92659		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my								
candidacy.								
NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)							
(b) Address (number and street)								
(c) City, State, and ZIP Code								
	I certify that I have exa	mined this Stat	tement and to	o the best	of my knowledge a	and belief it is true, correc	t and complete	e.
Signature of Candidate Date								
E	DIE BUKEWIHGE	[Electronically Filed]				04/01/2015		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
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